



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**

P.O. Box 1300 • Richmond, VA 23218

Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
(804) 786-1132  
1-877-9STATUS

**Bail Bondsman – ADDITIONAL LICENSE CATEGORY APPLICATION**

**IMPORTANT INFORMATION**

- If you are applying to add **PROPERTY BAIL BONDSMAN** to your current license you must attach the following:
  - [Bail Bondsman Property Collateral Verification Form](#)
  - [Bail Bondman Title Certificate Report](#) for each real estate property being submitted for collateral.
- If you are applying to add **AGENT BAIL BONDSMAN** to your current license you must attach the following:
  - A Power of Attorney from a Property Bail Bondsman who substantiates your collateral.
- If you are applying to add **SURETY BAIL BONDSMAN** to your current license you must attach the following:
  - Proof of being licensed as a Property & Casualty Agent by the Virginia State Corporation Commission, Bureau of Insurance.
  - Copies of each Qualifying Power of Attorney that will be used for bonding purposes.

**Bail Bondsman Category and Fee**

☐ Property Bail Bondsman  
\$250.00

☐ Agent Bail Bondsman  
\$100.00

☐ Surety Bail Bondsman  
\$100.00

**Applicant Information**

DCJS ID: 99-	Last Name:	First Name:	MI:
Mailing Address:		City, State, Zip:	
Email Address:			
Home Phone: (    )	Business Phone: (    )	Fax: (    )	

**Employment Information**

Business Name:	Trade As:
Business Physical Address*:	City, State, Zip:
Email Address:	
Business Phone: (    )	Fax: (    )

**NOTE:** The business name and physical address provided will be posted on the [DCJS Bail Bondsmen Directory](#) website [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss) pursuant to Virginia Code [§9.1-185.17](#).

\*If this is also your home residence and you do not wish to have this information posted, please check here: ☐

**Affirmation**

I, the undersigned, certify that all information contained on this application and attachments is true, correct, and complete to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent or material information may be cause for denial or revocation and may result in civil or criminal penalties. I understand that I am responsible for maintaining full compliance with *Virginia Code* Sections §9.1-185 and the Regulations Relating to Property & Surety Bail Bondsmen 6 VAC 20-250.

Print Name: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy

**All fees are non-refundable. Applications received without payment will be returned.**

Submit a check or money order payable to the TREASURER OF VIRGINIA,  
or pay by credit card using the [Credit Card form](#) available at [www.dcjs.virginia.gov/forms/privatesecurity/pss\\_cc.pdf](http://www.dcjs.virginia.gov/forms/privatesecurity/pss_cc.pdf)  
— this form must be included with your application package when paying by credit card.